PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 0 633893													3
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALI TYPE	ENTITY		OR	OTHER THAN SMALL ENTITY	
T	OTAL CLAIMS						·	RAT	E	FEE]	RATE	FEE
F	OR .	··	NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00
π	OTAL CHARGE	ABLE CLAIMS	minus 20=				•	X\$ 9	9		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =					X43:			OR	X86=	
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT			- +14					1	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2									- L		OR		
CLAIMS AS AMENDED - PART II									-		OR	TOTAL	
		(Column 1)	IMENDE	(Column 2) (Column 3)				SMALL ENTI			OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 31	Minus	*	31	=		X\$ 9=			OR	X\$18=	
	Independent	• 2	Minus	***	3_	=/		X43=	寸		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM			+145=			OR	+290=	
	(Column 1) (Column 2) (Column 3)								ul			TOTAL	
									E L			ADDIT. FEE	
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST IER USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 3/	Minus	. 3	/	= /		X\$ 9=	T		OR	X\$18=	
	Independent	· Z	Minus	3		=	ŀ	X43=	†		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C						İ	+145=	†			+290=	
		•	_			•	L.	TOTA			OR L	TOTAL	
	(Oalima 4)							DDIT. FE	٤L	J	OH A	ODIT. FEEL	
	`	(Column 1) CLAIMS		(Colum HIGHE		(Column 3)	_		_	ADD!	r	·	4001
MEN		REMAINING AFTER AMENDMENT	•	PREVIOUS PAID F	JSLY	PRÈSENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	fre		a		X\$ 9=	T	.]	OR	X\$18=	
	Independent	*	Minus	arpine .		8	F	X43=	T			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╁		OR		
• H	the entry in colur	nn 1 is less than th	e entry in activ	ma 2. write "	O° in aal	uma 3	L	+145=	\bot		OR L	+290=	
••••!	the "Highest Nur the "Highest Nur	nber Previously Pa nber Previously Pa ber Previously Pak	ld For IN THIS ld For IN THI	S SPACE IS	less than less than	n 20, enter "20." n 3, enter "3."		YOTAL DOIT. FEE d in the a	L			TOTAL DOIT, FEE mn 1.	

Application or Docket Number